

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL
for FY 2004

DEC 18 2003

DEC 18 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 880)**Complete If Known**

Application Number	09/754,463
Filing Date	1/4/2001
First Named Inventor	Akira Arai
Examiner Name	John P. Sheehan
Art Unit	1742
Attorney Docket No.	9319A-000183

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Other None
Order
 Deposit Account:Deposit
Account
Number

08-0750

Deposit
Account
Name

Harness, Dickey & Pierce, P.L.C.

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) during the pendency of this application
-
-
- Charge fee(s) indicated below, except for the filing fee
-
- to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES

Total Claims	-20 **	= 0	X	Fee from below	= 0	Fee Paid
Independent Claims	-3 **	= 0	X		= 0	
Multiple Dependent			X		= 0	

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

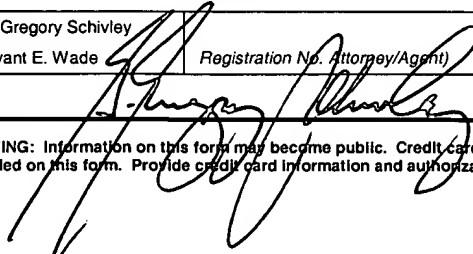
**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 880)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	G. Gregory Schivley Bryant E. Wade	Registration No. Attorney/Agent	27,382 40,344	Telephone	(248) 641-1600
Signature				Date	December 18, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.